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(PTO ASSISTANCE)

IIFW

Application : 09/783149 Examiner : ALAM GAU : 2162

From: TM Location: IDC FMF FDC Date: 4-27-05

Tracking #: 6064939 Week Date: 1-10-05

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	<hr/>	<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS	<hr/>	<input type="checkbox"/> Foreign Priority
<input type="checkbox"/> CLM	<hr/>	<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW	<hr/>	<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW	<hr/>	<input type="checkbox"/> Other
<input type="checkbox"/> DRW	<hr/>	
<input checked="" type="checkbox"/> OATH	<u>12-3-01</u>	
<input type="checkbox"/> 312	<hr/>	
<input type="checkbox"/> SPEC	<hr/>	

[RUSH] MESSAGE:

An inventor's name (3rd Applicant) on the declaration and in the PTO
Lacks "one given name without abbreviation" as required by MPEP
605.04 (b). Only inventors are shown

Please verify

Thank You
Tal

[XRUSH] RESPONSE:

Corrected

Chid Iyer

202-293-7060

INITIALS: PS

NOTE: This form will be included as part of the official USPTO record, with the Response
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REV 10/04

5/4 5/4 5/4

Q61835

09/783,149

MAY-09-2005 15:47

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100 Pennsylvania Avenue, NW
Washington, DC 20037-3213

T 202.293.7060
F 202.293.7860

www.sughrue.com

FAX

Date	May 9, 2005		
To	Ms. Patricia Small		
Of	Publications Department		
Fax	703-746-4272		
From	Chid S. Iyer		
Subject	Providing Third Inventor's Full Name		
Our Ref	Q61835	Your Ref	SH-15456-US
Pages	1		

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Please be advised that the third inventor's full name is Bangalore S. Manjunath.

Sincerely yours,

Chid S. Iyer



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Bib Data Sheet

CONFIRMATION NO. 1522

SERIAL NUMBER 09/783,149	FILING OR 371(c) DATE 02/15/2001 RULE	CLASS 707	GROUP ART UNIT 2162	ATTORNEY DOCKET NO. Q61835
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APPLICANTS

Yang-lim Choi, Suwon-city, KOREA, REPUBLIC OF;
Youngsik Huh, Suwon-city, KOREA, REPUBLIC OF;
Bangalore S. Manjunath, Santa Barbara, CA;
Peng Wu, Santa Barbara, CA;

** CONTINUING DATA *****

This appln claims benefit of 60/248,012 11/14/2000

** FOREIGN APPLICATIONS *****

REPUBLIC OF KOREA 00-79181 12/20/2000

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/05/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY KOREA, REPUBLIC OF	SHEETS DRAWING 3	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

ADDRESS

23373

TITLE

ADAPTIVE SEARCH METHOD IN FEATURE VECTOR SPACE

FILING FEE RECEIVED 1140	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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